ABSTRACT

Evaluating Family History in a Primary Care Practice
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A study is currently underway at the University of Maryland School of Medicine to evaluate the effectiveness of implementing a genetic counsellor into a family medicine clinic and to study the clinical utility of assessing familial risk and personalizing prevention strategies on disease risk and occurrence

Methods: Funded by a Health Resources and Services Administration (HRSA) training grant, the study is being conducted for one year evaluating the use of a genetic counsellor, by both physicians and patients. Eight patients are recruited per week for the study and are divided into two separate groups—intervention and control. Intervention group: 1) the genetic counsellor will obtain informed consent and take a three generation family history, later transcribed into Progeny, a specialized software, 2) the family history will be reviewed with the consulting clinical geneticist, and using a red flag system divided into average, moderate and high risk for genetic transmission of each disease, 3) a copy of the pedigree and summary of the risk assessment are forwarded to the physician. At the time of their initial visit, a satisfaction survey will be done by all participants. A follow-up satisfaction survey is completed by those in the Intervention group. Physicians will be asked to do a pre and post study assessment of their perception of the family history intervention and their level of knowledge of genetics.

Analysis: A satisfaction survey is given to all participants, both in the intervention and control groups, to complete at the end of their initial visit. These surveys will then be analysed in aggregate, to determine if there are statistically significant differences between the survey results of the two groups. Before and after the completion of the study, pre and post-study surveys will also be given to the physicians at the family medicine clinic. The questions range from general questions about the involvement of genetics in their daily clinical routines to in-depth questions regarding specific genetic concepts and scenarios. In addition, the family history information gathered from both the intervention group (obtained by the genetic counsellor) and the control group (obtained by the physician) will be compared to determine if there are differences in the amount and type of family history information gathered.

Discussion: The incorporation of a genetic counsellor can potentially enhance genetics knowledge of primary care physicians, provide valuable information on Family History to Family Physicians and encourage appropriate referral and disease prevention interventions. In addition, the inclusion of a genetic counsellor in a Family Practice open a new and large area of practice for genetic counsellors, provides educational opportunities for family medicine residents and genetic counselling residents.